

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017226

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310Primary Registration District No. 3058Registrar's No. 124

FILED APR 29 1963

PLACE OF DEATH

a. COUNTY St. Charlesb. CITY (if outside corporate limits, give TOWNSHIP only)
OR
TOWN St. CharlesLength of stay in 1b
D.O.A.c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Joseph HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY St. Charlesc. CITY OR TOWN St. Charles Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (if outside, give location)
546 Madison St. Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
John F. David4. DATE OF DEATH
Month Day Year
April 14 19635. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
Sept. 26 / 98 649. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Steel-Worker10b. KIND OF BUSINESS OR INDUSTRY
St. Louis Car Co. Osage County, Mo.11. BIRTHPLACE (City and state or country)
USA12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Frank David

13b. MOTHER'S MAIDEN NAME

Florence Robertson

14. NAME OF HUSBAND OR WIFE

Betty Howard David15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes, give war or dates of)No

17. INFORMANT

44 Mrs. Betty David, St. Charles, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cerebro vascular accident

INTERVAL BETWEEN ONSET AND DEATH

1/2 hour
10 years?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

h. malignant hypertension

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/27/58 to 4/14/63 and last saw him alive on 4/13/63
Death occurred at 83A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George E. Koster M.D.

22b. ADDRESS

St. Charles Mo

22c. DATE SIGNED

4-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/17/1963

23c. NAME OF CEMETERY OR CREMATORY

St. Charles Memorial Gardens St. Charles, Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Arthur C. Baue, St. Charles, Mo.

25. DATE RECD. BY LOCAL REG.

4-17-63

26. REGISTRAR'S SIGNATURE

Maecella Wilson

(Licensed Embalmer's Statement on Reverse Side)

4/17/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/591 09282 0928

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12 92-013 4-0

APR 30 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Connie L. Pickering

Licensed Embalmer No. 5189

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.